



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 13 December 2018

BY: Interim Chief Officer

SUBJECT: Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes

1 PURPOSE

- 1.1 The purpose of this report is to provide the IJB with the outputs and recommendations following the consultation and engagement process on the Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the outputs from the consultation and engagement process.
- 2.2 The IJB is asked to approve the model of care principles and the strategic direction to reprovide Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes through the development of extra care housing.
- 2.3 The IJB is asked to agree that that the Council and NHS Board are asked to support this direction and respond as the owners of facilities and holders of capital budgets. The IJB is asked to approve the establishment of a Project Board supported by three project teams to reprovide these services for Dunbar, North Berwick, and Musselburgh which will report to the newly established Strategic Change Board (*previously* Strategic Planning Programme Board).
- 2.4 To support this work the IJB is asked to request that NHS Lothian and East Lothian Council provide dedicated Project Resource, to draw up a single Initial Agreement as the next stage of the planning process.
- 2.5 To note the governance timeline identified in the attached paper.

3 BACKGROUND

- 3.1 A report was presented to the IJB in February 2018 (“*Reprovision of Belhaven and Edington Community hospitals and Eskgreen and Abbey Care Homes*”). The board requested an updated report be brought back following the consultation and engagement period March to June 2018.outlining a strategic direction for the reprovision of Reprovision of Belhaven and Edington Community Hospitals, Eskgreen and Abbey Care Homes.
- 3.2 This report was the product of the East Lothian IJB Directions section 12d objective for the “***Reprovision of Belhaven and Edington Community Hospitals and Eskgreen and Abbey care homes.***”
- 3.3 Appendix 1 provides an updated briefing paper and next steps.
- 3.4 The following conclusions have been reached.
- 3.5 Extra Care Housing offers a modern, homely, flexible, future focused solution to both the reprovision of existing facilities. Extra Care will help to provide, as well as current care home and community support services, a contribution to meeting the needs of the growing population in support of the IJB Strategic Plan.
- 3.6 There is anxiety about how higher levels of need can be met in this setting particularly in relation to end of life care and local respite availability, the details of the service model and design will be developed to take account of these areas, allowing for higher levels of staffing, support equipment and clinical care in an agreed number of units in each facility.
- 3.7 The issue of sites and their capacity is a critical one and whilst the original paper to the IJB proposed facilities of 60 to 70 units, this may not be possible in all locations.
- 3.8 A space assessment is being undertaken to provide some early indications of potential numbers of ECH units across current sites. There is potential to provide up to around 200 ECH units on current sites, but with limitations on some sites. The Abbey Care Home site would not be developable due to historic and archaeological constraints and Edington would be limited due to site size. However, a new site if identified in North Berwick could provide approximately 60. The Belhaven site could accommodate at least 60 units. The Wireworks site could accommodate at least 60 units. The Eskgreen site could accommodate around 20 units. As stated in the East Lothian Local Housing Strategy 2018-23¹ any requirement for accommodation arising as a result of hospital re-provision will be over and above the requirements set out in the LHS 2018-2023.
- 3.9 The IJB should continue to specify the list of services agreed in February 2018 for inclusion in the reprovision. How these services will be delivered should be developed through the Project Board.

¹ June 2018.

- 3.10 The consultation and engagement work was only the start of these projects and communities and groups will have the opportunity to help co-produce the models (this is adhering to IJB Engagement Policy 2018) over the next 12- 18 months when the business cases are being developed.”
- 3.11 Delivery will require dedicated project resource (see 6.1).
- 3.12 It should be noted that capital planning processes are not the same in NHS Lothian and East Lothian Council but both organisations will be asked to approve certain stages. The first stage is a “Strategic Assessment” required by NHS Lothian and this is attached at Appendix 2. This will form part of the papers to the NHS Board and to East Lothian Council.
- 3.13 The next stage is the development of an “Initial Agreement” required by NHS Lothian. The Initial Agreement moves into a greater level of detail on site options, procurement options, service models and costs. This will be presented to East Lothian Council as a progress update. It is recommended that the Initial Agreement should cover all the reprovisions in order to ensure that each can then proceed as a separate business case.
- 3.14 The Initial Agreement will also address the issue of prioritisation of the projects, consider site options and issues raised about sustainability of the workforce.

4 POLICY IMPLICATIONS

- 4.1 Policy direction at a national and local level is to Shift the Balance of care from institutional care to care in the community and to enable people to live longer at home or in a homely setting. This reprovision and proposals for the Community Hospitals and Care Homes support this national policy.
- 4.2 This reprovision responds to the East Lothian Strategic Plan (2016-2019) which has identified the key aim to shift resources from institutional care and acute care in to communities, to enable delivery of improved outcomes for the people of East Lothian.
- 4.3 Further, it contributes toward the Scottish Governments 2020 vision for everyone to live longer healthier lives at home or in a homely setting and the Single Outcome agreement (SOA) in further shifting the balance of care.
- 4.4 It helps to support and respond to the changing demographic in East Lothian.
- 4.4.1 In 2012, there were 100,850 people living in East Lothian, and this is projected to grow by 23% between now and 2037. This is one of the highest increases in any local authority area in Scotland.

- 4.4.2 For Older People across East Lothian aged 65+ the population is expected to increase² by 37% to 2026 and 72% to 2037. The greatest increase occurs for the 85+ age band which sees an increase³ of 68% to 2026 and 162% to 2037.
- 4.5 The current facilities all have physical challenges. All require significant upgrades, to meet the expectation for modern care standards. This will become more challenging in light of the new care standards. Patient Quality Indicators highlight lack of building compliance and Care inspection reports have identified environmental issues.
- 4.6 The strategic emphasis for East Lothian is in responding to increases in the number of older people in east Lothian is by:
- Shifting the balance of care from bed based to community based provision
 - Provide care closer to home
 - Support more independent living
 - Raising standards of service, including facilities fit for modern care

5 INTEGRATED IMPACT ASSESSMENT

- 5.1 As this is a strategic vision for services there has not been an integrated impact assessment. This would be undertaken as part of any future business case process.

6 RESOURCE IMPLICATIONS

6.1 Financial –

Capital and Revenue - the current capital and revenue budgets for the four facilities will be considered to be part of the assets available when planning for reprovision of the facilities. NHS Lothian Strategic Planning Group have agreed in principle that the capital receipts for Belhaven and Edington hospitals will be included for future development of this work.

Revenue functions of all 4 facilities will require to be clarified by NHS Lothian and East Lothian Council as part of the developing business cases.

Project management resource - An immediate resource implication is to support and fund the appointment of a full time Project Manager to lead and oversee the development of 3 Project Teams, provide project support to the Herdmanflat development, support and manage the functions of a Project Board and develop the Initial Agreement (required

² From a 2012 baseline

³ From a 2012 baseline

for NHS Capital planning requirements). This post will report to the Chief Officer, East Lothian IJB for all projects. The approximate costs of this post are for a band 8a (mid-point) £44,000 (plus requisite set up costs). It is proposed that this cost for one year will be split 50:50 between NHS Lothian and East Lothian Council. Ongoing project resource will be identified as part of the initial agreement.

Commitment and sign-off for funding - If a project management resource is supported then during the next 12 months project management work will be undertaken to develop an Initial Agreement. If an Initial agreement is supported, this would progress to developing business cases for each of the 3 areas.

It is clear that for each and every business case – and in the particular case of funding – they will only proceed through the business case stage if they achieve Affordability, Value for Money and are supported by NHS Lothian, East Lothian Council and the Integrated Joint Board.

6.2 **Workforce issues** - will be assessed as part of business case development. Given the proposal will focus on a new model of care there will be a need to develop a workforce with competencies and skills required to provide care in different environments and in new ways of working. A workforce development programme should be developed to help establish workforce with capacity with the requisite skills and competencies to support these new developments.

7 BACKGROUND PAPERS

7.1 **Attached** – Reprovision of Belhaven and Edington Community hospitals and Abbey and Eskgreen Care Homes (February 2018).

7.2 **Attached** - Briefing update paper on consultation and engagement.

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Reprovision of Abbey and Eskgreen Care Homes and Belhaven and Edington Community Hospitals

East Lothian Integration Joint Board – December 2018

Briefing paper on consultation and engagement

1. Background

The IJB in February 2018 gave approval to consult and engage on the strategic direction for the reprovision of the hospitals and care homes. The work in this stage has focused upon the consultation and engagement events from March to June 2018. An update was provided to the IJB in October 2018 and an open session was held as part of the IJB Development session in November 2018 with representatives attending from the three local areas.

2. Feedback

Consultation has involved meetings with the public, community councils, and area partnerships, elected members, staff, and relatives. Meetings, online surveys, pop up events, suggestion boxes, briefings.

Appendix 1 provides the latest matrix of meetings and workshops to date “Growing Older – Engagement meetings and events”.

The different ways in which feedback has been provided has been:

- Meetings – both planned and as requested.
- Street events – planned and undertaken by Jane Ogden-Smith.
- Workshop events – planned and led by Chief Officer/Chair of IJB/Project Manager.
- Survey Monkey - feedback from Jane – with identified key points and key themes. *Appendix 2* – Survey Monkey analysis (102 respondents)

3. What are the key themes that emerged from this work?

From the meetings, street events, workshops events, survey monkey and website pages the following themes are emerging at this stage. This will be further developed as part of the co-production and consultation work of each business case.

General Themes:

- General acceptance of the need to change and issues around the fabric of the buildings shared by staff professional opinion and many members of the public.
- Acceptance that message on change is about the buildings and services and not about the care being received. The care being received across all 4 services was highlighted as very positive by many of those taking part in the engagement and consultation meetings.
- Great deal of interest and local attachment to the services.
- Strong feelings about keeping services in communities.
- For some a lot of excitement about the potential of Extra Care Housing (ECH) for both residents and staff.
- Emerging and improving understanding as to what ECH model is and how it can be developed locally.
- Some excitement about the greater potential for ELC and NHS to work together.
- Some concern about the level of care that could be provided in ECH e.g. reprovion from hospital.
- Staff concerns about their jobs – although after staff meetings there was less concern and especially on long term nature of this planning.
- Real anxiety about sites and where services might be located. Most people are very aware of the lack of land – and its cost.
- Desire to understand the links between these proposals and the Local Development Plan and the Local Housing Strategy.

- Wanting to understand the tenancy/ownership models better and anxiety about potential negative impact on individuals.
- Concern about potential for isolation of residents

From the engagement and consultation work themes have emerged both across the county and more specifically in each area. Some high level themes emerging from across the feedback were:

High level theme	Commentary
Different models of care	Thoughts around the type and design of service that could be built as an extra care model. Some suggestions around Dutch Buurtzorg model, The principles of this model are being piloted as part of the facility visited at Varis Court in Forres, Moray. A similar facility used by a relative's parent in New Zealand (Berwick Royal Oak) was highlighted as a model.
Design and detail of new extra care housing facility	Positive discussion about what type of services and facilities could be in an extra care facility took place but especially during the work shop sessions. This varied depending upon the services currently within each care home or hospital, for example: <ul style="list-style-type: none"> • Wish to retain existing services • Step up and step down care • Palliative care and end of life • Nursing and residential care • 24 hour nursing care • Minor Injuries unit (North Berwick) • Intergenerational facilities • Community involvement and social hub • Garden areas • Inclusion within the community and central to towns • Ability for family to stay for care and support (over and above a partner permanently sharing with a couple)

	<ul style="list-style-type: none"> • Manage potential to reduce social isolation¹ and developing model around building stronger communities.
Tenure and security of tenancy	<p>Concerns raised in relation to security of tenancy and financial issues. Also in relation to moving from current council house tenancy as a couple. These are managed in other areas by ensuring that any couple moving in to extra care housing would remain. If for example the client either dies or moved on to other care – the partner would remain in the home as a house for life.</p> <p>Housing allocation panels with input from health and social care and third party provider (if facility owned and managed by third party) would manage the balance of need across the extra care facility.</p> <p>Concern as to private provision for extra care housing and the ability for some flats to be purchased and how this may restrict access to this type of housing. Different commissioning models and funding approaches are in place across the country and would need to be further explored in business case options.</p>
Site	<p>This was raised very frequently across all sites. Questions around what current sites were available, would they be large enough for new facilities and cost to buy land. Assessment of land opportunities would be undertaken within the business case process.</p>
Co-production	<p>The message at engagement and consultation events was clear that the consultation and engagement work was only the start of these projects. Communities and groups would have the opportunity to help co-produce the models (adhering to IJB Engagement Policy 2018) over the next 12- 18 months when the business cases are being developed.</p>
Carers	<p>Consultation with carers and carer organisations will inform and shape future service design and provision.</p> <p>The engagement and consultation events over recent months have been vital in gathering the thoughts and views of a range of organisations and individual carers who have attended the meetings/sessions. It has been reiterated that this is the start</p>

¹ Scottish Government A Connected Scotland: Tackling social isolation and loneliness and building stronger communities

	<p>of co-production and there will be involvement in the more local business cases to help further develop these models.</p> <p>The East Lothian Carers Strategy 2018 – 2021 Consultation draft will also be key in supporting carers to be able to help with the ongoing co-production of this work.</p>
Allocation of ECH housing and places	<p>There are different commissioning models across the country but most have an ‘allocation/housing panel’. How ECH places would be allocated was a concern raised and to ensure there was no ‘house blocking’ or individuals being priced out of ability to have an ECH. Panels in other ECH models manage this process through a panel to ensure these concerns are not realised.</p>
Transition from current services in to new services and what happens to remaining assets	<p>This was mentioned early on during the consultation and engagement sessions as there was an initial view that this work would be taking place sooner rather than later. Once meetings and groups were informed that this is a 3-5 year plus set of plans then there was less emphasis of this. However, there was clear emphasis that when it does take place then there should be huge importance around getting transition right.</p>
Staff – development of new roles/planning transition/recruitment & retention (including housing for staff)	<p>Staffing issues – frequently raised throughout engagement and consultation sessions. Centred on the focus to ensure staff are protected and that they move with any of the services. When we spoke to staff they were more assured that this development will be 3-5 years plus and that the new facilities were likely to require additional staff. Developing their role in to providing care in an ECH facility would require positive recruitment with attractive jobs, positive career opportunities and career pathways. Housing for staff was raised (primarily in North Berwick – given current house prices) and some very positive suggestions on models and thinking to support staff were highlighted.</p>
Sheltered housing	<p>A lot of discussion initially around the differences between extra care housing and sheltered housing. Many people liked the sheltered housing model and we need to link in to the outcome of the East Lothian Council review.</p>
Access to packages of care	<p>This issue was raised frequently and IJB staff had also highlighted this. People supported the need to have speedier packages of care in place in peoples own home to support independence.</p>
Minor Injuries at North Berwick	<p>Respondents in North Berwick wished MIU to remain in any new development.</p>

Affordability/value for money/costs of services	This was raised, however people at the various events and meetings were informed - and they accepted – that this stage of work was about developing a model for the reprovision of these services. But there was concern as to how any new facilities could be funded and how land and a site could be purchased if required.
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There are further specific themes from each of the 3 local areas. These should be taken into account as part of the next phase in developing a business case. Themes emerging locally are:

North Berwick – key messages

1. Full support on the standard of care being provided by the staff in both Edington hospital and Abbey Care home. This point was made clear by IJB staff at the outset of all presentations and workshops. Focus was on reprovision of facilities.
2. Ensure all current services are reprovided in any new service provision. This includes the Minor Injuries Unit, Palliative care, community beds, respite provision, North Berwick Health Centre and Abbey Care Home.
3. Broad support on the need to reprovide these services in a new purpose built facility. There are still some views on the potential to reprovide any new facility within the current Edington facility (e.g. following refurbishment). Some discussion on the ability to access adjacent land (The Lodge grounds) to the current site.
4. Minor Injuries Unit – MIU to be retained in any future model.
5. Support to reprovide North Berwick Health Centre in or adjacent to any new facility. Some discussion on a two site option if one site not able to be identified in North Berwick but provision should still be in North Berwick.
6. Concern on the ability to recruit new (and more) staff to any new facility. Some positive ideas from events on potential ways to support staff with accommodation (e.g. key worker housing model and/or linked to affordable homes).
7. Positive discussions on how extra care housing model could be developed and services provided in any new facility. Many positive comments received by those present at events who would ‘like this model of service for themselves’ at some point in the future. Also

concern as to how the new concept of 24 hour health and social care could be provided in an extra care housing facility rather than a “hospital ward” facility. Encouraging comments received on benefits of developing stronger links with community, e.g. intergenerational models, community facilities.

8. Concerns around ‘house blocking’ in any new facility and concerns about the input of shared ownership and private purchase models. Anxieties about private provider model of ECH.

Dunbar – key messages

1. Full support on the standard of care being provided by the staff in Belhaven hospital. This point was made clear by IJB staff at the outset of all presentations and workshops. Focus was on reprovision of facilities.
2. Some dissatisfaction with the outcome of the review of ward 2 at Belhaven despite significant public involvement and transparency.
3. Dunbar workshop highlighted on ‘localism’ and wanting to keep current services local.
4. Wish to retain current services including beds accessed by GP’s, respite, palliative and 24 hour nursing care.
5. Support on the need to reprovide Belhaven in a new facility. Some views that adjacent land on current Belhaven site could be used for new build. Also some views that new facility could be based nearer centre of Dunbar closer to better transport links, other views that current site should be used.
6. Positive discussions on how extra care housing model could be developed and services provided in any new facility. Many positive comments received by those present at events who would ‘like this model of service for themselves’ at some point in the future. Also concern as to how the new concept of 24 hour health and social care could be provided in an extra care housing facility rather than a “hospital ward” facility. Encouraging comments received on benefits of developing stronger links with community, e.g. intergenerational models, community facilities.

Musselburgh –key messages

1. Full support on the standard of care being provided by the staff in Eskgreen Care home. This point was made clear by IJB staff at the outset of all presentations and workshops. Focus was on re-provision of facilities.
2. Positive discussions on how extra care housing model could be developed and services provided in any new facility. Many positive comments received by those present at events who would 'like this model of service for themselves' at some point in the future. Also concern as to how the new concept of 24 hour health and social care could be provided in an extra care housing facility rather than a "hospital ward" facility. Encouraging comments received on benefits of developing stronger links with community, e.g. intergenerational models, community facilities.
3. Concerns highlighted with existing council tenancy arrangements for individuals/couples moving in to an extra care housing facility and the security of that tenancy. (Noted that in other ECH models this is managed through ECH assessment panel).
4. Concerns raised around whether Wireworks site is large enough for such a facility. In doing so suggestions raised about a potential 2 site option – wireworks and Eskgreen (with either refurbishment and/or new build on current Eskgreen site).
5. Some feelings of having "lost out" repeatedly, desire to keep Eskgreen too, feelings that biggest town is under served.

4. Next Steps - Outline timetable

Month	Action	Comments
September	Circulation of Growing Older newsletter	Circulated via Communication and Engagement team to those who participated in the Engagement and Consultation.
October	Provide update paper - For Information only - to Integration Joint Board 25th October 2018	Provided update on the themes and reflections from across Dunbar, Musselburgh and North Berwick areas. Noted the circulation to stakeholders in September via Newsletter. Update well received and supported informal development session in November 2018.
November	Informal development session of the Integration Joint Board 22nd November 2018	Used a 90 minute slot of the November IJB Development meeting to invite guests from each area to represent interest groups and discuss themes. Feedback received from development session and incorporated in to paper for the IJB 13 th December 2018.
December	Integration Joint Board	Final paper to the IJB taking note of feedback/views and input from the information

	13th December 2018	development session/Chief Executives/Chief Officer/IJB members in November and any further feedback from all stakeholder groups involved.
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Appendix 1 - Growing older - Engagement meetings and events

Between December 2017 and February 2018 – two meetings each of Dunbar/Belhaven, Musselburgh and North Berwick Health and Social Care Forums

- 29th March – Meeting with Local Area Partnership and Community Council reps to discuss engagement
- 11th April – Meet North Berwick community council and FoE reps to discuss engagement
- 17th April – Meet Stuart Baxter, Musselburgh Area Partnership Manager to discuss engagement
- 19th April – GP Cluster Business Meeting engagement
- 1st May – North Berwick Health and Wellbeing Association/Community Council/LAP engagement
- 1st – 31st May – Radio ad promoting engagement
- 2nd May – David Small and Peter Murray – interview on ECFM about engagement
- 2nd May – Councillor Briefing
- 4th May – Belhaven Staff Meetings

- 4th May – Musselburgh High Street Pop-Up Engagement
- 8th May – Councillor Briefing
- 9th May – Abbey Staff Meeting
- 9th May – North Berwick Community Council Public Meeting, St Andrew Blackadder Church
- 10th May – Ad in Courier
- 11th May – Abbey Relatives meeting
- 15th May - M'burgh & Inveresk CC - Pre-meet, Esk Room 1, Brunton Hall
- 17th May - Staff Meeting, Edington
- 21st May - North Berwick Workshop, Hope Rooms
- 22nd May - M'burgh Open Forum, Esk Rooms 1 & 2, Brunton Hall
- 23rd May - Abbey Staff Meeting
- 23rd May - Dunbar Open Forum, Bleaching-field Centre, Dunbar
- 28th May - Dovecot Court visit
- 6th June - Edington Staff Meeting
- 8th June - Eskgreen Relatives
- 8th June - North Berwick Communities Day
- 9th June – Musselburgh Gala
- Social media, media releases and displays.

Appendix 2 - Survey Monkey feedback



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